

VERIFICATION FOR LEVELS 2/3 LICENSE RENEWAL

Mail to:
Educator Licensing
250 East 500 South
P O Box 144200
Salt Lake City, UT 84114-4200

Mail this completed form along with a check for the appropriate fee* after January of the renewal year but 30 days before expiration. There is a 30 day processing time. Incomplete forms will be returned to you.

Current License Expiration Date:	License Level:
Applicant's Name:	
Mailing Address:	
Daytime Phone:	
SSN or CACTUS ID #:	

I certify that I have completed the Professional Service Requirement 1 (3 years of experience in the last five years)

School:	Year:
School:	Year:
School:	Year:

and the Professional Development Requirement 2 for license renewal.

Number of Professional Development points completed for license renewal:	
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1. Have you ever been investigated for educator misconduct? [] Yes [] No
2. Has there been discipline taken against your license? [] Yes [] No
3. Has your license been revoked or suspended? [] Yes [] No

All information on this form is correct. I understand that my Utah license will be revoked if any information on this application is false.

Applicant's Signature:	Date:
I acknowledge receiving verification of years of experience and points: Administrator/Supervisor/or Designee Signature**	Date:
School District:	

*See website at www.usoe.org and click on Educator Licensing and then fees.

**If an administrator is not available to verify your points and sign this form, please attach all renewal documents before mailing.

Faxed copies are not accepted.

7/05